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Justice & Public Safety
Technical Inspection Services
460 Two Nations Crossing, Suite 100
Fredericton, NB E3A 0X9
Phone: (506) 453-2336
Fax: (506) 457-7394

05/18

APPLICATION FOR GAS LICENCE

Name							
Mailing Address	Street Number	Street Name		Municipality		Province	Postal Code
Telephone	Home	Work	Fax		Email		
Date of Birth	Year	Month	Day				

Preferred Location Of Examination	☐ Bathurst	☐ Campbellton	☐ Edmundston	☐ Moncton	Language Preferred	☐ English
	☐ Miramichi	☐ Saint John	☐ Fredericton			☐ French ☐ Bilingual

LICENCE REQUESTED (Please Check One)

- ☐ G1 Gas Technician
- ☐ G1-L Gas Technician with Liquid Propane Endorsement
- ☐ G2 Gas Technician
- ☐ G2-L Gas Technician with Liquid Propane Endorsement
- ☐ GP Gas Piping Fitter
- ☐ G Medical Gas Verifier Installer
- ☐ F Medical Gas Installer
- ☐ PPO-1 Propane Plant Operator
- ☐ PPO-2 Propane Plant Operator
  (PPO-2 Candidates MUST Attach a "HANDS ON COMPETENCY" Form)
- ☐ PTO-1 Propane Truck Operator
- ☐ PTO-2 Propane Truck Operator
- ☐ ICE-P Propane Internal Combustion Technician
- ☐ ICE/IV-P Propane Internal Combustion Industrial Vehicle Technician
- ☐ ICE-NG Natural Gas Internal Combustion Technician
- ☐ ICE/IV-NG Natural Gas Internal Combustion Industrial Vehicle Technician
- ☐ IMT Industrial Maintenance Gas Technician
- ☐ M Gas Fired Heating and Refrigeration Maintenance Licence
- ☐ RVT Recreation Vehicle
- ☐ DAT Domestic Appliance Gas Technician

APPROVED COURSES SUCCESSFULLY COMPLETED

Course Name		Instructor		Mark	
		Instructor		Mark	
		Instructor		Mark	
Board Decision	☐ Approved ☐ Not Approved ☐ Examination Required	Signature		Date	

*** THIS SECTION TO BE COMPLETED BY EMPLOYER***

I hereby certify that _____ **has been employed by** _____

for the period from _____ **to** _____ **Signature** _____ **Date** _____

Previous Work Experience **Attach additional pages if required**	

CHECK APPROPRIATE BOXES

- ☐ Successfully completed training program acceptable to Gas Board
- ☐ Have at least 2000 hours combined technical training and field experience under the Class G2 or G21 licence holder
- ☐ Have at lest 2000 hours combined technical training and field experience under a Class G1 licence holder, 500 of which must be on appliances having a heating value greater than 400,000 BTU's
- ☐ Hold a Certificate of Qualification in Plumber or Steamfitter/Pipefitter Occupation Certificate Type _____ No. _____
- ☐ Hold a Certificate of Qualification in Refrigeration and Air Conditioning Mechanic Occupation Certificate No.
- ☐ 8 hours experience under the supervision of a valid Class PPO-2 licence holder
- ☐ 150 hours experience under the supervision of a valid PTO-2 Propane Truck Operator Licence
- ☐ 480 hours experience under a Recreational Vehicle or Class A1 Domestic Compressed Gas Licence holder
- ☐ Hold a Certificate of Qualification in a related occupation acceptable to the Gas Board Certificate Type _____ No. _____
- ☐ Successfully completed Pre-Employment Training Program NBCC _____
- ☐ Have at least 200 hours combined technical training and field experience under the Class A2, A4, G2-L or G1-L licence holder
- ☐ Have at least 200 hours combined technical training and field experience under the Class A4 or G1-L licence holder
- ☐ Hold a Certification of Qualification in Automotive, Heavy Equipment, Truck and Transport or Automotive (Electrical and Fuel). Service Technician Occupation Certificate Type _____ No. _____
- ☐ 300 hours experience under the supervision of a valid Class PPO-1 licence holder
- ☐ 150 hours experience under the supervision of a valid PTO-1 Propane Truck Operator Licence
- ☐ Hold appropriate class of licence under *Motor Vehicle Act.* Licence Type _____ No. _____
- ☐ Holder of Certificate of Qualification in appliance service technician occupation.
- ☐ Holder of a Medical Gas Installer's Licence (F) No. of years _____
- ☐ Passed brazers performance qualification test Symbol _____
- ☐ Service Medical Gas Piping Systems

Applicant's Signature		Date	

Payment Instructions	**Method of Payment**
Method of Payment: (PLU # 784020) * Cheque or money order made payable to the "Minister of Finance" * Credit Card (Visa or MasterCard only) **Fee: $50.00**	☐ Cheque ☐ Money Order ☐ Visa ☐ MasterCard Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date Month ☐☐ Year ☐☐ _____ Signature

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